

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Telephone Number

Name of Person Filing VICTOR TORRES

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SAN DIEGO CTY TEAMSTERS EMPLOYERS INSUR TRU

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 207

Street 2831 CAMINO DEL RIO SOUTH

City SAN DIEGO

State California ZIP Code + 4 92108-3828

11.a. Nature of such dealing.

BI-MONTHLY TRUST MEETINGS.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

LUNCH FOLLOW TRUST MEETINGS.

12.b. Amount.

\$58

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$0